

# BOONE COUNTY SHERIFF'S OFFICE



## APPLICATION AND PRIMARY BACKGROUND QUESTIONNAIRE

**Place a picture of yourself  
over this spot**

**Boone County Sheriff's Office Application**



## **INSTRUCTIONS**

### **READ THESE INSTRUCTIONS CAREFULLY**

### **BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your background questionnaire. It is essential that the information be accurate and complete. It will be used as the basis for a background investigation that will determine your eligibility for employment. The law enforcement profession requires a higher degree of scrutiny than many other occupations. Thus, it is imperative that our background investigation be more thorough and complete than some other professions and occupations. This is a lengthy document, take your time, and be thorough and complete in your responses.

1. Complete the Boone County Sheriff's Office Employment Background Questionnaire that will become part of your file.
2. Avoid errors by reading the directions carefully before making any entries on the questionnaire. Be sure your information is correct and in proper sequence before you begin.
3. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
4. If there is insufficient space on the form for you to include all information required, attach extra sheets to your application. Be sure to reference the relevant section before continuing your answer.
5. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.
6. If you have any questions, feel free to contact the Boone County Sheriff's Office for assistance in completing the questionnaire.
7. In the event you are selected for further consideration, you will then be required to complete a "Essential Function Test consent form, waiver of liability & physician's release".
8. At some point you may also be required to pass the following:
  - 1) Pass a written entry-level examination
  - 2) Pass physical examination / agility testing
  - 3) Submit to psychological testing and a Polygraph
  - 4) Submit to being fingerprinted
  - 5) You must appear for an oral interview
  - 6) Successfully complete post application training

The BCSO is a EO/A A Employer

**Boone County Sheriff's Office Application**



# BOONE COUNTY SHERIFF'S OFFICE

## APPLICATION / PERSONAL BACKGROUND INVESTIGATION QUESTIONNAIRE

Print all information legibly in ink or type. Answer all questions truthfully, accurately and completely.

**ANY FALSE INFORMATION OR STATEMENTS WILL DISQUALIFY YOU FROM CONSIDERATION FOR THIS POSITION. IF EMPLOYED, TERMINATION MAY RESULT FROM FALSE STATEMENTS OR INFORMATION MADE ON THIS QUESTIONNAIRE.**

A person selected to become a law enforcement officer shall meet all of the following requirements:

- (a) Be a citizen of the United States
- (b) Be at least 21 years of age at time of appointment
- (c) Have obtained a high school diploma or have attained a passing score on the general education development test indicating a high school graduation level.
- (d) Cannot have any Felony, Battery misdemeanor or Domestic Violence conviction
- (e) Possess good moral character as determined by a favorable comprehensive background investigation covering school, employment records, home environment, personal traits and integrity.  
Consideration will be given to all law violations, including traffic and conservation law convictions, as indicating a lack of good character.
- (f) Pass a written entry-level examination
- (g) Pass physical examination / agility testing (if required)
- (h) Submit to psychological testing and a Polygraph
- (i) Submit to being fingerprinted
- (j) You must appear for an oral interview
- (k) Successfully complete post application training
- (l) Provide a copy of your Birth Certificate
- (m) Possess normal hearing, normal color vision, and normal visual functions and acuity in each eye correctable to 20/20.
- (n) Be free from any other impediment of the senses, physically sound, in possession of his or her extremities, and well developed physically, with height and weight in relation to each other as indicated by accepted medical standards.
- (o) Be free from performance limiting physical defects and/or communicable diseases. Be free of mental and/or emotional instabilities which may tend to impair the efficient performance of a law enforcement officer's duties or which might endanger the lives of others or the law enforcement officer.
- (p) Possess a valid Indiana motor vehicle operator's or chauffeur's license.
- (q) Be a resident of Boone County, Indiana

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**Personal History Statement**

**Personal**

*The following information is requested of you for verification and contact purposes:*

Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Other names (including nicknames) you have used or been known by:

\_\_\_\_\_  
\_\_\_\_\_

List address at which you can be contacted:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip Code

Telephone Nos: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Hours you can be contacted: \_\_\_\_\_ Hours you can be contacted: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

Social Security Number: \_\_\_\_\_

For purposes of identification, please provide the following:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Scars, tattoos, or other distinguishing marks: \_\_\_\_\_

\_\_\_\_\_

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Are you acquainted with any member or members of the BCSO? Yes \_\_\_\_ (list below) No \_\_\_\_

Last Name	First Name	Relationship
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Last Name	First Name	Relationship
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What type of work do you enjoy the most? \_\_\_\_\_

Why? \_\_\_\_\_

What type of work do you dislike the most? \_\_\_\_\_

Why? \_\_\_\_\_

Do you object to wearing a uniform? Yes \_\_\_\_ No \_\_\_\_

Do you object to working nights, weekends and/or Holidays? Yes \_\_\_\_ No \_\_\_\_

Do you carry automobile insurance? Yes \_\_\_\_ No \_\_\_\_

Agency	Address	Phone Number
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Complete the following section of this questionnaire:

Can You....	Yes	No
Operate a computer		
Type		
Operate an automobile		
Operate a motorcycle		
Swim		
Shoot a firearm		

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List any other skills that you may have that would be an asset and applicable to the law enforcement profession:

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List any foreign language abilities that you possess. (check all that apply)

Language	Speak	Read	Write	Understand	Converse	Fluent
English						

Have you ever applied for a permit to carry a concealed weapon:

Yes \_\_\_\_\_ No \_\_\_\_\_ Was it granted? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of permit granted: General \_\_\_\_\_ Restricted \_\_\_\_\_

Date permit granted \_\_\_\_\_

Agency permit requested from \_\_\_\_\_

If permit was not granted, state reason \_\_\_\_\_

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**Attach a copy of your Birth Certificate to this page**

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## Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Law Enforcement Officer.

Please supply (list NAME and PHONE NUMBER(S)) the appropriate information.

If a category is not applicable, write in ñN/Aö.

If living, name of your:	Address where person can be contacted (include City, State and Zip Code)	Telephone at which person can be contacted.
Father _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Mother _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Father-in-law _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Mother-in-law _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Spouse _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Former Spouse(s) _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
_____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Brother(s) and Sisters(s) _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
_____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
_____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Step-Mother _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other
Step-Father _____ (name)	_____ ( ) Home ( ) Work ( ) Other	_____ ( ) Home ( ) Work ( ) Other

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Step brother(s) and step-sister(s)		
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

Other relatives (list NAME and PHONE NUMBER(S)) with whom you have a close personal relationship (including children)

	Relationship		
_____		_____	_____
(name)		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____		_____	_____
(name)		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____		_____	_____
(name)		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____		_____	_____
(name)		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

Below, list NAME and PHONE NUMBER(S) of at least three individuals who know you well enough to provide feedback and/or character reference over no less than 3 years (NO RELATIVES)

_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
_____	_____	_____
(name)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

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## Education

Please indicate your current situation by checking one of the appropriate boxes.

- ☐ I possess a high school diploma from a U.S. institution.
- ☐ I passed the G.E.D. (General Educational Development) test.
- ☐ I possess a two-year college degree
- ☐ I possess a four-year college or university degree
- ☐ I do not currently have a high school diploma or its equivalent.

\*Contact any high school and college you attended and have your **transcript attached to this questionnaire.**

Please indicate below all the schools you have attended, beginning with grammar school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made in conjunction with those contacts.

Name of School	Address of School	Dates Attended		Degree Received	Major	Grade Point Average
		From Month/Year	To Month/Year			

Have you ever been suspended, expelled, had disciplinary action taken, or been placed on academic probation from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges, universities, and business and vocational schools ó any formal education beyond the high school level.)

\_\_\_\_\_ Yes \_\_\_\_\_ No. If öyes,ö please explain (include school, date, and circumstances). \_\_\_\_\_

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Specialized training (list) \_\_\_\_\_

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Are you or have you ever been part of a Police Department or any other Law Enforcement entity? Yes\_\_\_\_ No\_\_\_\_

If yes, what agency?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates of association \_\_\_\_\_

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## Residence

Individuals, who have been acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

Please list all of your residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

## Experience and Employment

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.

Name \_\_\_\_\_ Address \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Voluntary  
Month/Year Month/Year

( ) ( )  
Work Telephone No. Home Telephone No. Name of Supervisor \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

☐ Military Service ☐ Not employed From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

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Name	Address
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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Voluntary  
Month/Year Month/Year

( ) ( )

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Work Telephone No. Home Telephone No. Name of Supervisor

Name of co-worker	Home Address	Home Telephone No.
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Name of co-worker	Home Address	Home Telephone No.
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Title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

☐ Military Service ☐ Not employed From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name	Address
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Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Voluntary  
Month/Year Month/Year

( ) ( ) \_\_\_\_\_  
Work Telephone No. Home Telephone No. Name of Supervisor

Name of co-worker	Home Address	Home Telephone No.
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Name of co-worker	Home Address	Home Telephone No.
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Title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

☐ Military Service ☐ Not employed From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

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Name \_\_\_\_\_ Address \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Voluntary  
Month/Year Month/Year

( ) ( )  
Work Telephone No. Home Telephone No. Name of Supervisor \_\_\_\_\_

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Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

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Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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☐ Military Service ☐ Not employed From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

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Name \_\_\_\_\_ Address \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Voluntary  
Month/Year Month/Year

( ) ( )  
Work Telephone No. Home Telephone No. Name of Supervisor \_\_\_\_\_

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Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

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Name of co-worker \_\_\_\_\_ Home Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Title or duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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☐ Military Service ☐ Not employed From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

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Would any problem result if your present employer was contacted during the course of the background investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If no, when should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain. \_\_\_\_\_

Have you had any extended work absences for reasons other than earned vacations? \_\_\_\_\_ Yes \_\_\_\_\_ No. If öyesö, please explain (include when, name of employer, why). \_\_\_\_\_

Have you had any complaints filed against you, investigated for any wrongdoing, or disciplinary action taken against you at a place of employment or volunteer agency? \_\_\_\_\_ Yes \_\_\_\_\_ No. If öyesö, please give details. \_\_\_\_\_

Have your ever had any verbal or written reprimands in connection with any employment or volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No. If öyesö, please give details. \_\_\_\_\_

Have you ever had any below average performance rating or evaluation in connection with any employment or volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No. If öyesö, please give details. \_\_\_\_\_

Have you ever been fired, dismissed, or asked to resign, at any place of employment or volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No. If öyesö, please give details (include when, where, circumstances). \_\_\_\_\_

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Have you ever been refused employment? \_\_\_\_ Yes \_\_\_\_ No. If yes, please give date and reason. \_\_\_\_\_

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List every Law Enforcement agency ever applied to.

Agency	Year	Interview	Background Inv.	FTO
_____	_____	____yes ____no	____yes ____no	____yes ____no
_____	_____	____yes ____no	____yes ____no	____yes ____no
_____	_____	____yes ____no	____yes ____no	____yes ____no

List every Law Enforcement agency in which you have participated in an internship:

Agency	Dates	Officers you worked with
_____	_____	_____
_____	_____	_____
_____	_____	_____

List every Law Enforcement agency with which you have done a ride-a-long:

Agency	Year	Officers
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## Military Service

Have you ever served in the armed forces, National Guard or military reserves: \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please supply the following information:

Branch of service \_\_\_\_\_

Service number \_\_\_\_\_

Type of discharge \_\_\_\_\_

Dates of Service - from \_\_\_\_\_ to \_\_\_\_\_.

**\*Submit with this questionnaire your discharge form.**

Are you currently participating in any military service or National Guard program? \_\_\_\_ Yes \_\_\_\_ No.

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? \_\_\_\_ Yes \_\_\_\_ No If öyesö, please give details (include branch of service, when, where, circumstances). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past commanding officers or military acquaintances are potential sources of relevant information pertinent to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Known from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Known from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Known from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Known from \_\_\_\_\_ to \_\_\_\_\_

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## Financial

The management of personal finances is relevant to an individual's qualifications for the position of Law Enforcement Officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly salary	\$	Real Estate (mortgage) payment(s)	\$
Spouse's salary	\$	Rent	\$
Other monthly income ó describe	\$	Other monthly payments ó describe	\$
		Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.	
Total monthly income	\$	Total monthly expenditures	\$
Current Assets		Current Liabilities	
Savings	\$	Real Estate indebtedness	\$
Checking		Long-term loans	
Real Estate		Credit Charge accounts	
Stocks and bonds		Other liabilities-describe:	
Life insurance (cash value of whole life policy)			
Other assets-describe:			
Total Assets		Total Liabilities	

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Account Number

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Have you ever filed for or declared bankruptcy? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (including when, where, why). \_\_\_\_\_

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Have any of your bills ever been turned over to a collection agency? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when, firms involved, circumstances). \_\_\_\_\_

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Have you ever had purchased goods repossessed? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when, firms involved, circumstances). \_\_\_\_\_

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Have your wages ever been garnisheed? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when, where, why)

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Have you ever been delinquent on income or other tax payments? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when, where, why). \_\_\_\_\_

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## Legal

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information, all offenses, whether adult or juvenile, must be listed. *(The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question.)*

Approx. Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when where, why). \_\_\_\_\_

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Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include when, where, why). \_\_\_\_\_

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Have you ever been reported to a law enforcement agency as a missing person or a runaway? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details (include date, law enforcement agency, circumstances). \_\_\_\_\_

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Have you ever been questioned or investigated by any law enforcement personnel as a juvenile or adult (as a suspect, victim, witness, etc.)? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please give details of each situation (only if not listed above). \_\_\_\_\_

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Have you ever been questioned by the Dept. of Social Services, Child Protective Services, or related agency regarding care, neglect or abuse of any children or anyone else? \_\_\_\_ Yes \_\_\_\_ No. If yes, please give date, agency and details. \_\_\_\_\_

Have you ever slapped, punched, or injured your spouse, or romantic partner. Have the police ever been called to your home reference a domestic dispute, argument or disturbance? \_\_\_\_ Yes \_\_\_\_ No. If yes, please give details. \_\_\_\_\_

Since age 18, have you ever been involved in an anger provoked physical fight or other violent act?

\_\_\_\_ Yes \_\_\_\_ No. If yes, please give details of each time. \_\_\_\_\_

Have you ever taken, without permission or the right to possess, money or anything of value from a person, business or any company or organization where you were employed or you volunteered for? \_\_\_\_ Yes \_\_\_\_ No. If yes,

Please give details. \_\_\_\_\_

List all attorneys that ever represented you.

Name	Address	Phone	Dates	Reason for representation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?\_\_\_ Yes \_\_\_ No. If  
õyesõ, please give details (include when, where, name and location of court, circumstances). \_\_\_\_\_

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Have you used marijuana within the five (5) year period immediately preceding this  
application

\_\_\_ Yes \_\_\_ No.

If yes, please give details.

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Have you used any controlled substances defined in the Uniform Controlled Substances  
Act, Article II including but not limited to amphetamines, methamphetamine, cocaine,  
anabolic steroids, hallucinogens, heroin, opiates or other narcotics within the five (5)  
year period immediately preceding this application

\_\_\_ Yes \_\_\_ No.

If yes, please give details.

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Have you engaged in "huffing" of any substance including but not limited to gasoline,  
glue, paint, and paint thinner, which are capable of causing a condition of  
intoxication, inebriation, excitement, stupefaction or the dulling of the brain or  
nervous system as a result of the inhalation of the fumes or vapors of such chemical  
substances within the five (5) year period immediately preceding this application

\_\_\_ Yes \_\_\_ No.

If yes, please give details.

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Have you been charged with or convicted of a drug or drug related offense?

\_\_\_\_ Yes \_\_\_\_ No.

If yes, please give details.

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Have you ever been psychologically or physically dependent upon any drug or alcohol?

\_\_\_\_ Yes \_\_\_\_ No.

If yes, please give details.

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Have you ever trafficked, sold, or traded in illegal drugs for profit?

\_\_\_\_ Yes \_\_\_\_ No.

If yes, please give details.

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## Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Indiana driver's license number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name under which license was granted \_\_\_\_\_

Other states where you have been licensed to operate a motor vehicle:

State: \_\_\_\_\_ Name under which license was granted. \_\_\_\_\_

State: \_\_\_\_\_ Name under which license was granted. \_\_\_\_\_

State: \_\_\_\_\_ Name under which license was granted. \_\_\_\_\_

State: \_\_\_\_\_ Name under which license was granted. \_\_\_\_\_

Have you every been refused a driver's license by any state? \_\_\_\_ Yes \_\_\_\_ No. If öyesö, please explain (include when, where, why). \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Please list all traffic citations (excluding parking citations) you have received within the last 5 years. All offenses, whether adult or juvenile, must be listed.**

Nature of violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license



Have you been involved as a driver in a motor vehicle accident within the last 5 years? \_\_\_\_ Yes \_\_\_\_ No. If "yes", please give details for each accident.

Date	Location	____ Injury ____ Non-injury
Police investigation? ____ Yes ____ No	Police Agency	
Date	Location	____ Injury ____ Non-injury
Police investigation? ____ Yes ____ No	Police Agency	
Date	Location	____ Injury ____ Non-injury
Police investigation? ____ Yes ____ No	Police Agency	
Date	Location	____ Injury ____ Non-injury
Police investigation? ____ Yes ____ No	Police Agency	

If there is anything you wish to discuss about your driving record, please use the space below: \_\_\_\_\_

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Has your license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If öyesö, please give details (include what, when, where, why). \_\_\_\_\_

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### General Information

Have you ever been refused insurance for any reason other than failure to pay a premium? \_\_\_\_ Yes \_\_\_\_ No.

If öyesö, please explain (include company name and address, date, and reason). \_\_\_\_\_

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**Boone County Sheriff's Office Application**



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## This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.



## **BOONE COUNTY SHERIFF'S OFFICE WORK RULES AND REGULATIONS**

In the event I am tendered a position as a Law Enforcement Officer with the Boone County Sheriff's Office, I hereby agree and affirm that during the course of my employment I shall be governed by the following conditions and work rules:

1. I understand that at the time of accepting this position, I do so in good faith, with the intention of remaining a Law Enforcement Officer with the BCSO for a minimum of three (3) years. I understand that is a moral commitment and non-adherence to this clause will adversely affect any recommendation provided by the BCSO.
2. I shall become thoroughly versed with all existing and subsequently issued orders, policies, procedures, guidelines, regulations, training bulletins and memorandums concerning myself as a member of the BCSO. I shall adhere to all orders, policies, guidelines, procedures, etc, to the best of my ability.
3. I shall take proper care and caution in the use of any and all equipment issued or used by me, including the use of any motor vehicle belonging to or being rented, leased, borrowed or used by the BCSO.
4. I agree fully to comply with all policies relating to the use of emergency police vehicles and to operate any county vehicle by obeying and observing all traffic regulations under non-emergency conditions.
5. I recognize the need for confidentiality of information that I may become aware of through my employment with the BCSO. I will treat such information as confidential and will not divulge any such information to unauthorized persons.
6. I have reviewed or will review immediately upon employment, and agree to subscribe to the Law Enforcement Code of Ethics, in both my profession and private life. I also recognize that public confidence in the Sheriff's Office requires a thorough and complete investigation of any complaint filed against me. I agree to cooperate and answer truthfully and completely any such questions, even if I am not legally compelled to answer such questions.
7. I agree to not report for duty under the influence of alcohol or in such a condition as to appear that I have been drinking. Furthermore, I agree not to drink alcoholic beverages in uniform or on duty, unless such drinking on duty is to further a law enforcement purpose and I have been given expressed previous approval by my command officer.
8. I agree to refrain from the use of illegal drugs or drug abuse substances, on or off duty. I understand and agree that if I violate this agreement, I may be immediately terminated from employment. I also agree to submit to a drug test on the initial date of my employment or at any time I am requested to for cause by my supervisor or command officer.
9. I agree not to be "subordinate" (i.e., the willful countermanding or refusal of an order issued by a superior officer to a subordinate, or any disrespectful, insolent, or abusive language or behavior directed to a superior officer.) I also agree not to ridicule superior officers or the BCSO.
10. I agree not to be derelict in my duty (i.e. the execution of assignments and/or delegated duties improperly, inaccurately, or negligently.)
11. I understand that I will be disciplined and ultimately terminated from employment for any continued incompetence (i.e. the incapability to sufficiently perform official duties.)
12. I agree to refrain from the willful and/or malicious damage or defacement of county equipment or property.

**Boone County Sheriff's Office Application**



13. I understand and agree that I or any other member of the BCSO have no personal interest in any property that may come into possession of the BCSO, and I agree not to appropriate for my own use or for any other use, any such property that I may come into possession of by virtue of my employment with the BCSO, without express approval of a commanding officer authorized to make such approval.
14. I agree to conduct myself at all times as a professional Law Enforcement Officer, and to avoid any such-conduct that could be termed "Conduct Unbecoming an officer." I understand that this would include but is not limited to, such conduct as personal fighting, arguing, using excessive force, using abusive language, drinking or ingesting substances to excess that affect my behavior, lying or avoiding complete answers to questions, sloppiness or misuse of my uniform, wasting time, using profanity in a public or semi-public place, public flatulence, spitting in public, belching in public, littering, persistent body odor, refrain from making ethnic slurs or any other ethnic jest. I also agree to refrain from any type of sexual contact, or any other conduct that may be construed as sexual conduct or sexual harassment of any type while on duty or representing the BCSO or any other such unprofessional conduct. I understand that violation of any the stipulations in this paragraph may result in disciplinary action being brought against me.
15. I agree to refrain from altering, destructing, or removing official records, reports, or documents for any reason, without express authorization.
16. I understand that the professional code of ethics of law enforcement dictate that I report serious rule violations committed by another member of the BCSO and any violation of the law committed by another member. I understand that should there be any violation of this provision, that I may be immediately terminated from employment and may be prosecuted.
17. I agree to refrain from any participation whatsoever, in any type of subversive or criminal activities, and I understand that should there be any violation of this provision, that my employment may immediately be terminated and I may be prosecuted.
18. I agree to carefully review the policy of the police department that prohibits the acceptance or solicitation of money, gifts, services, loans, discounts or anything of value for services incurred as a result of my employment with the BCSO. Furthermore, I agree to abide by such rules and regulations, and also to immediately report any such offers of services, gratuities or anything that might be considered an attempt to bribe, to my supervisor.
19. I understand and agree to promptly report all job-related injuries that I may incur during my employment with the BCSO, on such forms as are regularly provided for such purposes. Failure to promptly report such an injury will result in the department not approving or accepting a later claim of injury.
20. I agree to refrain from making speeches before public or private groups or from issuing statements as a representative of the BCSO, without express authorization.
21. I agree to immediately notify my supervisor and the vehicle fleet coordinator of any accident or damage to any county vehicle that I may be operating or be a passenger in.
22. I agree to properly secure any department vehicle when parked that I may have custody or control, (i.e. removal of keys, roll up windows, and lock the doors).
23. I agree to never use excessive force in subduing a prisoner, and to immediately refrain from continuing force after a prisoner has been subdued and controlled. I also agree to report any observed excessive force by any other officer, to my supervisor.
24. I agree to comply with all written guidelines established for personal grooming, wearing uniforms and equipment and hair standards.

**Boone County Sheriff's Office Application**



25. By signing the attachment of this application for the BCSO, I hereby authorize the BCSO to conduct a comprehensive background investigation, which may include but not be limited to, inquires relative to my character, moral integrity, past employment records, financial status, driving history and school records. I also understand that a polygraph examination may be offered to me to verify these records of facts.
26. Attach a copy of your Indiana drivers license and birth certificate to this document along with a recent photo.
27. Others

I understand that all appointments are probationary, during which time the employee must demonstrate his/her fitness for continued employment by the BCSO. I also understand that any appointment tendered me will be contingent upon the result of a complete character and fitness investigation along with a probationary performance evaluation and I am aware that withholding information or making false statements on this application will be the basis for immediate disqualification from consideration for employment or termination of employment with the BCSO. Furthermore, I have read and understand the Work Rules and Regulations. I will abide by the Work Rules and Regulations. I agree to these conditions; and hereby declare that all statements made by me on this application are true and complete, to the best of my knowledge.

**I DECLARE THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**BOONE COUNTY SHERIFF'S OFFICE**  
1905 Indianapolis Ave., Lebanon, IN 46052

**Boone County Sheriff's Office Application**



## AUTHORITY FOR RELEASE OF INFORMATION

			Sex	Race	Date of Birth		
Last Name	First Name	Middle Name			Month	Day	Year
			SSN:				
Place of birth	County or City	State	Country				

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Boone County Sheriff's Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had no interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the BCSO to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the BCSO. I understand that all materials pertaining to this background investigation become the property of the BCSO and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Applicant signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

Street Address \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

Notary (signature) : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Boone County Sheriff's Office Application**

